

The Triad Yoga 200 Hour Teacher Certification Program

Application

Please complete the application and mail to the following address.

The Office of the Triad Yoga Institute
3506 Madison Ave
Greensboro, NC 27403

Please print legibly:

Name:		
Street Address:		
City, State, Zip Code:		
Home Phone:	Mobile Phone:	Work Phone:
E-mail:		Birthdate:

Please answer the following questions completely to help us determine if you are ready for our program. Many of your answers are to help us get to know you better. There are 2 pages. You may extend some answers onto the back page.

1. How long have you been studying and practicing yoga?
2. What inspired you to begin your yoga studies?
3. Do you practice a particular style of yoga? What other styles of yoga have you studied?
4. Do you attend a regular weekly class? Also, if you study with regular teachers, please list them.



5. Describe your personal practice. Include frequency and length of time that you practice.

6. Do you currently teach yoga classes? If so, where? How long have you been teaching? Do you teach a particular style?

7. Have you taken any weekend yoga workshops? If so, please list the instructors.

8. Please list any physical injuries or limitations that may affect your practice.

9. What impediments to your commitment with this program do you foresee?

Participants in the program are expected to attend all 8 weekends. Program requirements include reading assignments, written homework assignments, assisting hours, and attendance at an additional 3 hour workshop outside of the teacher training program for exposure to continuing education. By signing below, you are acknowledging your commitment to these requirements.

Signature

Date

